

Chapter 4

Guidelines for the support of newly initiated Xhosa men undergoing circumcision rites

4.1 INTRODUCTION

Chapter 3 discussed the findings with reference to the literature. This chapter formulates and describes the guidelines for public health workers to render culturally responsive care when dealing with health issues affecting newly initiated Xhosa men undergoing circumcision.

4.2 GUIDELINES FOR THE SUPPORT OF NEWLY INITIATED XHOSA MEN UNDERGOING CIRCUMCISION RITES

The guidelines are based on the findings in order to counter problems arising during the three stages of circumcision, namely pre-circumcision, peri-circumcision and post-circumcision. The study found that initiates undergoing circumcision experience problems at all the stages of the circumcision ritual. Therefore, it is imperative to formulate guidelines for managing the problems identified.

4.3 MANAGING IMPROPER CIRCUMCISION

In order to deal with problems arising from improper circumcision the researcher adopted Mavundla and Netswera's (2005:21) systematic indigenous circumcision diagnostic tool. Table 4.1 represents the circumcision stages and problems.

Table 4.1 Circumcision problems

Circumcision stages	Associated problems
Pre-circumcision	Health (a) Absence of pre-inflectional assessments (b) Psychological, physical and emotional fitness Economic (a) Purchase of blankets and other utilities Psychological (a) The urgency to become a “man” (b) The need to be respected and loved
Peri-circumcision	Health and hygiene (a) Alcohol and drug abuse (b) Use of a single non-sterilised incision instrument Social injustice (a) Physical abuse
Post-circumcision	Health (a) Excessive bleeding (b) Mutilation and death (c) Delayed healing Economic (a) Celebration, clothing and other expenses

4.3.1 Preventive measures in the pre-circumcision stage

The findings indicate that there is a need to implement public health education on health-related issues in the pre-circumcision stage of the ritual. The inclusion of family members and the community in education on health problems is crucial. Finding joint solutions in the management of health problems is also important.

In order to give effective public health education and promote health, health care workers must establish community health forums where they can tackle problems during the pre-circumcision stage. The main purpose of health promotion is to promote a safe performance of traditional circumcision ritual. The second purpose is to prevent unnecessary complications leading to botched and improper circumcision.

To manage the problems related to improper performance of the ritual identified in this study, health care workers should implement the following measures:

- The traditional health standards enforced by the Department of Health in the Eastern Cape Province in accordance with the Circumcision Act, 6 of 2001, must be followed whenever initiates undergo circumcision.

- Public health education should reinforce the inclusion of routine medical check-ups during the pre-circumcision stage of the ritual. The medical examination is aimed to rule out any medical conditions that could jeopardise the health of the initiate while undergoing circumcision and cause the initiate not to complete the initiation period.
- The medical examination should also include psychological assessment to rule out any psychological problems affecting the initiate undergoing circumcision. Emotional support should be provided according to the initiate's need.
- Proper utilization of respectable traditional surgeons as well as maintenance of hygienic standards during performance of the ritual should be followed to prevent men taking chances as traditional surgeons and then causing botched circumcision.
- To ensure economic preparedness for the ritual, total family involvement during the performance of the ritual should be encouraged. This would help to eliminate initiates' psychological problems as a result of unmet needs during circumcision.

4.3.2 Preventive measures in the peri-circumcision stage

The study found that initiates' physical health is jeopardised by two factors during the peri-circumcision stage of the ritual, namely alcohol and drug abuse, and social injustice/physical abuse. Mavundla and Netswera (2005:11) also support this in their grounded theory of engagement of Xhosa families in the circumcision ritual. It is therefore critical to develop proper guidelines to manage these factors.

4.3.2.1 *Management of alcohol and drug abuse*

This study found that alcohol and substance abuse is prevalent among initiates undergoing circumcision. Initiates are faced with great peer pressure to use the substances. To eliminate this problem, public health care workers should

- Present effective community health education programmes. The community needs to be aware of the dangers of alcohol and drug abuse.
- Establish youth counselling programmes to deal with problems of drug addiction.
- Identify an acceptable referral system together with the community that will not stigmatise initiates requiring a referral for problems of substance abuse while

undergoing the ritual.

4.3.2.2 Management of social injustice

The study identified two forms of social injustice experienced by initiates in the pericircumcision stage of the ritual when there is a failed/botched circumcision.

The initiates experience a lack of acceptance and respect by the community, peers and members of the opposite sex and physical abuse. To eliminate these problems, education programmes need to be developed and implemented as follows:

- Public health education should discuss the effects of lack of acceptance and respect, particularly on the individual exposed to it. Health knowledge regarding discrimination, negative labelling and prejudice should be dealt with in community workshops. Culturally sensitive joint decisions on these aspects need to be developed and disseminated to the community.
- Peer group education should be developed to support initiates who experience problems related to lack of acceptance and respect. Social support is recommended to deal with the issues. Feldman (1995:159) describes social support as “the assistance and comfort supplied by a network of caring people that aids people to cope”. Support workshops can provide emotional support as well as coping mechanisms. Initiates experiencing problems should be encouraged to make efforts to control, reduce or learn to tolerate threats that lead them to stress.

4.3.3 Preventive measures in the post-circumcision stage

Mavundla and Netswera (2005:12) found two aspects in the post-circumcision stage, namely the initiate’s health, and economic preparedness for the ritual.

4.3.3.1 Management of health status in the post-circumcision stage

Health-related problems in the post-circumcision stage should be managed as follows:

- Traditional nurses should be trained to control bleeding and apply dressings to the circumcised penis.
- Safe measures regarding the initiate's health should be established and traditional nurses (*amakhankatha*) should know them and be able to apply first aid in such cases.
- Traditional nurses should be able to identify weakness as well as dehydration in initiates and inform the initiate's family of such problems in good time.
- Access to emergency medical health care should be available and culturally acceptable.

4.4 CONCLUSION

Based on the findings of the study, the researcher developed guidelines for the support of newly initiated Xhosa men during the three phases of traditional circumcision rites in East London in the Eastern Cape Province. The guidelines are for use by public health workers responsible for coordinating traditional circumcision in districts practising traditional circumcision in East London in the Eastern Cape Province. In addition, the guidelines strongly recommend the establishment of community support groups.

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