

Chapter 5

Conclusions, limitations and recommendations

5.1 INTRODUCTION

Chapter 4 discussed the guidelines developed for the support of newly initiated Xhosa men. This chapter draws conclusion from the research findings, discusses its limitations and makes recommendations for nursing practice, education and further research.

5.2 FINDINGS

The purpose of the study was to

- explore and describe the experience of indigenous circumcision by newly initiated Xhosa men in East London in the Eastern Cape Province
- develop and describe guidelines for the support of newly initiated Xhosa men who have undergone circumcision rites at East London in Eastern Cape Province

The researcher used a descriptive, explorative contextual design to explore the experience of circumcision by newly initiated Xhosa men and gain an insight into the phenomenon under study. The data analysis revealed four themes with their categories and subcategories:

► **Experience of proper performance of the ritual**

The theme had two categories:

- Proper performance of the ritual
- Improper performance of the ritual

► **Social pressure associated with the ritual**

This theme had three categories and their subcategories:

- Lack of acceptance
 - Lack of respect
 - Social pressure to abuse substances
- ▶ **Stigmatisation associated with the ritual**
- Labelling
 - Prejudice
- ▶ **Discrimination associated with the ritual**
- Acceptance issues

The researcher developed guidelines for the support of newly initiated Xhosa men in East London in the three stages of circumcision.

Mavundla and Netswera (2005:13) found similar themes in their systematic stages of circumcision. This study found problems associated with all three stages of circumcision. The problems and possible interventions are outlined in tables 5.1, 5.2 and 5.3.

Table 5.1 Interventions for pre-circumcision problems

Stage	Problem	Intervention
PRE-CIRCUMCISION	<ul style="list-style-type: none"> ➤ Improper performance of the ritual 	<ul style="list-style-type: none"> ❖ Educate Xhosa families about proper performance of the ritual. ❖ Health care workers must ensure that the circumcision act is well understood by all the stakeholders of circumcision. ❖ Health standards should be maintained throughout the circumcision ritual to prevent complications. ❖ Partnerships must be established between professionals and traditional health practitioners. Professionals must conduct basic health training skills programmes applicable to the ritual.
	<ul style="list-style-type: none"> ➤ Education about the use of alcohol and dagga during circumcision 	<ul style="list-style-type: none"> ❖ Health awareness talks about the dangers of excessive drinking during the performance of the ritual should be given to communities. ❖ Health talks should be given before the initiates undergo circumcision. Posters and pamphlets should be used to give advice. The consequences of using alcohol can be included in the posters. ❖ Dangers and possible drug addiction should also be included in the health education ❖ Initiates' alcohol abuse could lead to excessive bleeding during the performance of the ritual. At the same time if surgeons are intoxicated they could cut off excessive foreskin during the ritual.

Table 5.2 Interventions for peri-circumcision problems

STAGE	PROBLEM	INTERVENTION
PERI-CIRCUMCISION	<ul style="list-style-type: none"> ➤ Social pressure associated with the ritual 	<ul style="list-style-type: none"> ❖ Health care workers should present assertive training programmes to help Xhosa initiates to withstand social pressures. ❖ Training should be given on human rights to deal with issues of lack of acceptance, respect and pressure to abuse substances.
	<ul style="list-style-type: none"> ➤ Stigmatisation associated with the ritual 	<ul style="list-style-type: none"> ❖ Workshops should be conducted on stigmatisation of young men who fail to complete circumcision training. ❖ Human rights as well as assertive training should be part of these workshops.
	<ul style="list-style-type: none"> ➤ Nutritional needs during ritual 	<ul style="list-style-type: none"> ❖ Health care professionals and traditional practitioners should collaborate closely and develop a diet to improve the nutritional state of initiates while undergoing circumcision. This would reduce the incidence of dehydration among the initiates.

Table 5.3 Interventions for post-circumcision problems

Stage	Problem	Intervention
POST-CIRCUMCISION	<ul style="list-style-type: none"> ➤ Circumcision-related health problems 	<ul style="list-style-type: none"> • To reduce the health problems arising from complications of circumcision, such as wound infection, gangrene and dehydration, all the people practising the circumcision rite should adhere to safe standards of health care.
	<ul style="list-style-type: none"> ➤ Economic problems/Failure to provide for initiates' immediate needs 	<ul style="list-style-type: none"> • To perform a proper circumcision, the parents of the initiate should make sure that they are financially ready to provide for the initiate's needs. • To overcome the perception of the rite not being performed properly, the family must satisfy all the requirements of traditional custom so that the initiate cannot be looked down on by others or later develop fears of belittling himself and have a low self-esteem. • Failure to meet the needs like having "umgidi" could have long-term effects on initiates because they will not be given their rightful place as men, will not function properly in their community and will not be given respect. This aspect must be considered in the financial preparation for the ritual.

5.3 LIMITATIONS OF THE STUDY

The study only involved newly initiated Xhosa men in East London in the Eastern Cape Province hence the findings do not include the experiences of initiates in other regions of the Eastern Cape Province or elsewhere. Accordingly, the findings cannot easily be generalised.

5.4 RECOMMENDATIONS

Based on the findings of this study, the researcher makes the following recommendations for nursing practice, education and research.

5.4.1 Nursing practice

In order to support newly initiated Xhosa men undergoing circumcision rites, health care workers should:

- Establish partnerships with traditional practitioners and have good working relationships. This would help eliminate the idea of seeing health care workers as outsiders to traditional circumcision.
- Consider health education campaigns to root out problems affecting circumcision.
- Promote adherence to safe standards of care among initiates undergoing circumcision to prevent complications from botched circumcision.

5.4.2 Nursing education

Nursing educators should review the curricula and include cultural aspects of care. In order to render culturally relevant care, they need to produce health care practitioners who are culturally aware, knowledgeable and equipped to assess clients with diverse cultural backgrounds without imposing their own culture.

5.4.3 Nursing research

Further studies should be undertaken on:

- The experience of other initiates in other regions of the Eastern Cape Province.
- The experience of initiates from other cultural groups.
- A quantitative study to determine whether the research findings could be generalised.

5.5 CONCLUSION

The study examined Xhosa initiates' experience of traditional circumcision rites in East London in the Eastern Cape Province. The findings should provide a foundation for improving and providing culturally congruent care to patients presenting with complications from botched or failed circumcision.