

**XHOSA TEENAGE BOYS' EXPERIENCES DURING THE PERIOD  
PRIOR TO CIRCUMCISION RITUAL IN EAST LONDON  
IN THE EASTERN CAPE PROVINCE**

by

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**UNIVERSITY OF SOUTH AFRICA**

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Student number: 803-440-0

## DECLARATION

I declare that **XHOSA TEENAGE BOYS' EXPERIENCES DURING THE PERIOD PRIOR TO CIRCUMCISION RITUAL IN EAST LONDON IN THE EASTERN CAPE PROVINCE** is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references and that this work has not been submitted before for any other degree at any other institution.

**SIGNATURE**  
(Stembele Tenge)

**DATE** .....

# **XHOSA TEENAGE BOYS' EXPERIENCES DURING THE PERIOD PRIOR TO CIRCUMCISION RITUAL IN EAST LONDON IN THE EASTERN CAPE PROVINCE**

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## **ABSTRACT**

Xhosa people practise the circumcision ritual. The exciting period is during the pre- circumcision. It is also the time when Xhosa teenage boys experience various problems associated with the ritual. The main purpose of the study was to explore and describe Xhosa teenage boys' experiences of the period prior to the circumcision ritual in East London in the Eastern Cape Province. A descriptive, exploratory and descriptive qualitative research design was followed and 28 participants volunteered to participate.

In-depth phenomenological focus group interviews were conducted. Data analysis revealed two themes: social pressure on teenage Xhosa boys associated with the ritual, and depression associated with the treatment of teenage Xhosa boys by their communities. The study recommends that all stakeholders be involved in the performance of the ritual. A limitation of the study was failure to include stakeholders. The researcher recommends further research to involve all stakeholders of the ritual.

## **KEY CONCEPTS**

Circumcision; lived experience; pre-circumcision phase; province; teenage Xhosa boy.

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# Chapter 1

## Background and rationale

### 1.1 INTRODUCTION

Circumcision means the circumcision of a person as part of the Traditional Practice Act, 6 of 2001. This practice is performed in many countries throughout the world. In some countries, circumcision is performed for health and in others for cultural purposes. It is termed "routine medical circumcision" for health purposes and "ritual circumcision" for cultural purposes.

Voskuil (1994:3) lists the following reasons for the origin of male mutilation: an act of consecration; a sacrifice; for tribal marking; a blood charm; for hygiene; to remove phimosis; protection against sexual dangers; a test of courage; to increase production; hallowing of the sexual life; intensification of sexual pleasure; diminishment of sexual pleasure, and to be more like a man and less like a woman.

Zoske (1998:1) examines the history of routine medical circumcision in the United States of America (USA). According to Zoske (1998:3), in the mid-19<sup>th</sup> century, hysteria caused by and superstitious beliefs about masturbation led to the recognition of circumcision as an intervention against health problems caused by masturbation, such as insanity, epilepsy and blindness.

In American history events such as the Industrial Revolution, the abolition, the Civil War and reconstruction, women's rights and the labour movement brought about change in the practice of medicine. Within this change the incidence of male circumcision steadily received recognition (Zoske 1998:4).

Infant circumcision was seen as a solution to enhance cleanliness, prevent disease and discourage masturbation. In the 1970s formal medical organisations opposed routine medical circumcision, stating clearly that it had no medical benefits and advantages.

In 1971 the American Academy of Pediatrics (AAP) formed an ad hoc task force on circumcision that announced that there was no absolute medical indication for routine medical circumcision of newborn babies. In 1989 the AAP changed its position, stating that circumcision had potential medical benefits and advantages as well as disadvantages and risks (Zoske 1998:4).

In African states circumcision is mainly related to cultural and religious beliefs. In some countries, the practice became more popular with the outbreak of AIDS.

In Cameroon and Benin, where circumcision is performed, there is a 4,5% rate of HIV. In Kenya and Tanzania, where circumcision is less common, 20,0% to 25,0% of the men have contracted HIV infection. In South Africa, circumcision is practised in certain parts of the country, especially in the Eastern Cape Province. In this province, Xhosa people practise circumcision for traditional purposes, in the belief that it produces socially responsible men (Hatile 2000:1).

Complications, including death, resulting from circumcision received wide media coverage and were of grave concern to the Eastern Cape Department of Health. The Department established a centralised data-gathering system to monitor the situation (Hatile 2000:1). Despite these complications, however, people especially young boys in East London in the Eastern Cape continue the practice. In the researcher's experience, young boys in East London in the Eastern Cape Province undergo circumcision for the following reasons: peer pressure; social pressure; to avoid being ridiculed and harassed; to avoid being called cowards and sissies; to gain respect, and pressure from women and old people to maintain the tradition.

The researcher was of the opinion that an investigation into this area would lead to the identification of information to help boys in the pre-circumcision phase and lessen the risks and complications of circumcision.

## **1.2 PROBLEM STATEMENT**

Uncircumcised boys are psychologically traumatised. They are ridiculed and harassed by those who have already undergone circumcision, and are allowed no say in decision-making. Moreover, they suffer severe emotional and spiritual confusion if they are not allowed to undergo this traditional

practice. Consequently, many secretly join other boys who are going to initiation schools, without notifying their parents. Economic constraints are another hardship. Many families cannot afford to pay for the initiation school and circumcision rites. This, then, leads some boys to leave school before finishing to look for a job in order to pay for circumcision.

### **1.3 RESEARCH QUESTIONS**

In the light of the problem, the study wished to answer the following research questions:

- How do teenage Xhosa boys experience the period before circumcision in East London in the Eastern Cape Province?
- How can these boys be supported during this period?

### **1.4 PURPOSE OF THE STUDY**

The purpose of this study was to

- explore and describe Xhosa teenage boys' experiences of the period before circumcision
- describe guidelines for support of teenage Xhosa boys during the period prior to circumcision in East London in the Eastern Cape Province

### **1.5 THEORETICAL FRAMEWORK**

The researcher used Mavundla and Netswera's (2005:4) model as the theoretical framework and the World Bank's (1998:ii) methodological steps for the study. Mavundla and Netswera (2005) divide the circumcision rite into the pre-circumcision, circumcision (cutting of prepuce), and post-circumcision phases.

The study followed the World Bank's (1998) six essential methodological steps as indicated in table 1.1.

**Table 1.1 Steps of a research project**

Recognition and identification	<ul style="list-style-type: none"><li>• Population and purposeful sampling of Xhosa teenage boys. Use of in-depth phenomenological focus interviews and field notes.</li></ul>
Recording and documentation	<ul style="list-style-type: none"><li>• Tape-recording of interviews during fieldwork.</li></ul>
Validation	<ul style="list-style-type: none"><li>• Measures of ensuring trustworthiness as proposed by Guba in Lincoln and Guba (1985:10).</li></ul>
Storage	<ul style="list-style-type: none"><li>• The information was tape-recorded, transcribed verbatim and stored as raw research data.</li></ul>
Dissemination	<ul style="list-style-type: none"><li>• Workshops for community members to make them aware of these experiences</li><li>• Publication in accredited journals</li><li>• Papers at conferences</li></ul>

Source: World Bank (1998:ii)

## **1.6 RESEARCH METHOD**

### **1.6.1 Research design**

A qualitative approach or design, which is endogenous, explorative, descriptive and contextual, was used in this study. This design helped the researcher to get deeper into the reality of lived experiences as encountered by the teenage Xhosa boys during the pre-circumcision phase in East London in the Eastern Cape Province.

The research methods are dealt with in two phases, phase 1 and phase 2 as follows:

- Phase 1: The exploration of teenage Xhosa boys' experiences of the period before circumcision ritual
- Phase 2: The description of guidelines for support of teenage Xhosa boys during the pre-circumcision phase in East London in the Eastern Cape Province

### **1.6.2 Population**

Brink (1990:132) defines a population as "the entire group of persons that is of interest to the researcher, or in other words, that meets the criteria the researcher is interested in studying".

### **1.6.3 Sample**

A sample is part or fraction of a whole, or a subset of a larger set, of the individuals who will be selected for study participation based on their particular knowledge of the phenomenon for the purpose of sharing that knowledge.

### **1.6.4 Data collection**

In this study, the researcher used in-depth semi-structured phenomenological focus group interviews and field notes in the form of observations as data-collection methods. In a semi-structured interview both closed and open-ended questions are included (Brink 1990:158).

Semi-structured interviews allow the interviewer to pay more attention to issues of particular importance to the research question, to probe and clarify comments made by the informant. The informants are also allowed to freely express the issues they deem important and to talk about them in the way they choose (Polit & Hungler 1995:217). A tape recorder was also used.

### **1.6.5 Data analysis**

The data collected was analysed using Giorgi's (1985) method, involving coding of data, identification of major categories and their sub-categories, discussions between researcher and independent coder, and the reflection of results within universal categories (see chapter 2).

## **1.7 MEASURES FOR ENSURING TRUSTWORTHINESS**

In this study, the researcher used Guba's (Lincoln & Guba 1985:8) measures for ensuring trustworthiness in order to ensure the validity and reliability of findings. The four criteria for trustworthiness are truth-value, applicability, consistency and neutrality.

The truth-value was ensured by credibility and applicability through transferability. Consistency was ensured by means of dependability, and neutrality by conformability (see chapter 2).

## 1.8 ETHICAL CONSIDERATIONS

In this study the researcher observed the three principles of respect for persons, beneficence, and justice for ensuring trustworthiness.

These principles encompass protection of subject from discomfort and harm, right to fair selection and treatment and to privacy, anonymity and confidentiality (Brink 1990:39-41).

## 1.9 DEFINITION OF TERMS

The following terms are used in this study as defined below:

- **Circumcision.** This means the circumcision of a person as part of a traditional practice.
- **Pre-circumcision phase.** This is the initial stage when the preparations take place to meet all the requirements for circumcision before a young Xhosa boy undergoes the ritual.
- **Life experience.** This refers to the "total sphere of experiences of an individual circumscribed by the objectives, persons, and events encountered in living" (Streubert & Carpenter 1999:44).
- **Teenage Xhosa boy.** This refers to an uncircumcised young male at his developmental stage; that is a teenager. In this study teenage Xhosa boys' experiences will be explored so as to develop guidelines to support these boys during the pre-circumcision phase.

## 1.10 OUTLINE OF THE DISSERTATION

Chapter 1 describes the background and rationale for the study.

Chapter 2 discusses the research design and methodology.

Chapter 3 presents the research findings and literature control



Chapter 4 develops guidelines for the support of Xhosa teenage boys during circumcision

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

## **1.11 CONCLUSION**

This chapter discussed the problem and rationale for the study. Teenage Xhosa boys need special attention, as their experiences are not regarded as a priority that requires organised intervention. This study explored these experiences in order to develop guidelines to support teenage Xhosa boys in East London in the Eastern Cape Province who undergo traditional circumcision rites.

Chapter 2 describes the research design and methodology.

## Chapter 2

### Research design and methodology

#### 2.1 INTRODUCTION

Chapter 1 of this dissertation dealt with a full outline of the entire project. This chapter focuses specifically on the research design and methods employed by the researcher to answer the question at hand. The study is dealt with in two phases, namely:

#### 2.2 RESEARCH PURPOSE

As indicated in chapter 1, the purpose of this research was twofold and is dealt with in the following manner:

##### 2.2.1 Purpose for phase 1

The purpose of phase 1 is dealt with in chapter 3 and the manner to attain it is as follows:

- To explore and describe teenage Xhosa boys' experience of the period prior to the circumcision ritual in East London in the Eastern Cape Province.

##### 2.2.2 Purpose for phase 2

The purpose of phase 2 is dealt with in chapter 4 and the manner it is attained is as follows:

- To describe guidelines for support of teenage Xhosa boys during the period prior to the circumcision ritual in East London in the Eastern Cape Province.

The above-mentioned purposes of research for this research project may be achieved through the use of appropriate research design and methods as indicated in the following headings.

## 2.3 RESEARCH DESIGN

Wilson (1993:114) contends that a research design is a set of instructions that tell an investigator how data should be collected and analysed in order to answer a specified research problem. The research design followed in this study is qualitative, endogenous, explorative, descriptive, and contextual. Each aspect of the design mentioned above is comprehensively described in the sub-sections that are to follow.

### 2.3.1 Qualitative

Basson and Uys (1991:51) cite Burns (1981:15) regarding qualitative research as research that “attempts to discover the depth and complexity of a phenomenon”. Wilson (1993:239) further contends that qualitative research relies on firsthand knowledge under natural conditions and on unstructured data collection methods in which the investigator is the primary instrument or tool for data collection. Qualitative research utilizes non-numerical data usually collected through interviews, observations, and document analysis (also called narrative text or stories). Qualitative methods are useful for a study in order to address certain purposes and according to Wilson (1993:217) a qualitative research design is used to:

- explore, describe and explain social psychology processes, themes and patterns, or a social world, culture or setting
- interpret lived experiences in their natural context

The present study is in line with the above-mentioned statements or ideas. After the exploration of the lived experiences of the pre-circumcision phase of teenage Xhosa boys in East London in the Eastern Cape Province, the experiences of these teenage boys were given meaning and the guidelines to support these boys were developed and described for health professionals to render support.

### 2.3.2 Endogenous

Whilst this research project is qualitative by nature, it will follow an endogenous design to address the research questions asked. An endogenous research design is conceptualized, as research conducted by researchers who are insiders of the culture, using their epistemology and their own structure of relevance. (De Poy & Gilpin 1998:128). This study intends looking into the Xhosa culture of indigenous circumcision, a design of this nature is of importance to the researcher. Due to the secretive nature of indigenous circumcision, the use of insiders e.g. Xhosa men as both informants and researchers, will be of paramount importance. This study will allow an opportunity to teenage Xhosa boys in East London in the Eastern Cape Province to play a major role as primary investigators, co-investigators in sharing and clarifying themes as they emerge.

### 2.3.3 Exploratory

The broad purpose of exploratory research is to explore a relatively unknown field in order to gain new insights into the domain phenomenon under study and to develop new hypotheses in respect of an existing phenomenon (Basson & Uys 1991:38). In view of the above statement this study will be used to gain insight about Xhosa teenage boys' experiences of the period prior to circumcision phase in East London in the Eastern Cape Province. These experiences will then be given meaning on which guidelines will be developed.

### 2.3.4 Descriptive

Once the researcher has explored the experience of the period prior to circumcision by teenage Xhosa boys it is necessary to describe what was discovered during the interviews. Hence a descriptive aspect of the design is explained. According to Basson and Uys (1991:38) collecting the accurate data on the phenomenon being studied is the most important consideration of descriptive studies. The researcher accurately and carefully describes "that which is". It is the research that yields descriptive knowledge of population parameters and relationships among those parameters (De Poy & Gilpin 1998:305). This design is used in this study to:

- Describe teenage Xhosa boys' experience of the pre-circumcision phase in East London in the Eastern Cape Province.

- Describe the guidelines for support of teenage Xhosa boys in East London in the Eastern Cape Province.

### 2.3.5 Contextual

De Poy and Gilpin (1998:304) contend that context specific is one of central features of naturalistic inquiry, which refers to the specific environment of field in which the study is conducted and information is derived. Contextualization refers to the placement of data into a local area where data was collected due to the fact that it is not advisable to generalize research findings of qualitative research. This study is bound to the context of exploring the Xhosa Teenage boys' experience of period prior to circumcision and describing the guidelines for supporting the Xhosa teenage boys during the pre-circumcision phase in East London in the Eastern Cape Province.

## 2.4 RESEARCH METHODOLOGY

In line with chapter 1, the research methods in this project are dealt with in two phases in the following manner:

### 2.4.1 Phase 1: The exploration of teenage Xhosa boys' experience of the period before circumcision in East London in the Eastern Cape Province

The first phase of this project deals with research methods followed by the researcher. It describes the methods for data analysis and literature used to verify findings. In order to attain the purpose of this phase of research the methods mentioned below were used starting with field work.

#### *2.4.1.1 Fieldwork*

Wilson (1993:218) cites Blunner (1969:37) defining fieldwork as "getting close to the people involved in it, seeing it in a variety of situations they meet, noting their problems and observing how they handle them, being party to their conversation and watching their way of life as it flows along". Fieldwork commits the researcher to learning to define the world from the perspective of those being studied and requires the researcher to gain as intimate an understanding as possible of their way of life. (Wilson 1993:218). In this study the researcher explored Xhosa teenage boys' experience of the pre-circumcision phase in their communities and in the initiation schools in East

London in the Eastern Cape Province. The researcher followed fieldwork stages so as to ensure the success of this study.

- **Gain entry into the field**

Wilson (1993:218) contends the field starts by clearing the initial hurdle of gaining entry, or being accepted into the selected setting or situation so that one can observe and talk to people about research question. In this study the researcher will negotiate with the key persons in the community including the Xhosa teenage boys, initiates in their setting so as to get permission to conduct this research. The local authorities will also be consulted to get permission. This means then both entries from outside and inside will be negotiated so that the researcher will be able to examine the selected setting if they can assist to bring about data on the research question.

- **Ethical rigor**

The researcher will negotiate necessary permission from the Provincial Government and the subjects involved in this study. (see annexure 1 for letter of permission). De Poy and Gilpin (1998:153) endorse the fact that any researcher, who intends to conduct a study that involves humans, must clearly identify how he/she intends to address the following three critical issues:

- (1) Need for full disclosure of study purpose
- (2) Need to ensure confidentiality of all information obtained
- (3) Need to ensure that study participation is voluntary

The ethical issues are dealt with in the following sub-headings:

- (1) *Need for full disclosure of study purpose*

The researcher will share with teenage Xhosa boys and other informants in East London in the Eastern Cape Province the purpose, types of interviews, observations and other types of data-collection procedures that will be used and the scope and nature of their involvement in the research project (De Poy & Gilpin 1998:153).

*(2) Need to ensure confidentiality of all information obtained*

After full disclosure, the researcher ensured that information shared by the subjects is kept confidential by:

- a) Assigning identification numbers to teenage Xhosa boys interviewed.
- b) These Xhosa teenage boys and other informants were protected when results are published by not linking responses with any name.
- c) The tape recordings were only shared between the researcher and an expert in qualitative research during a consensus meeting which was held to verify findings.
- d) All tape-recorded cassettes were destroyed immediately after data analysis to avoid them being used by people who were not supposed to use them (De Poy & Gilpin 1998:154).

*(3) Need to ensure that study participation is voluntary*

The teenage Xhosa boys and other informants were notified that the study is strictly voluntary. Each boy and other participants have the right to participate or not to participate or withdraw from the study or to refuse to answer a particular question or participate in a particular procedure. Any refusals during this study will be investigated and solutions be implemented to solve any problems identified. The researcher further gave them phone numbers from where he could be contacted if they had a particular query regarding the research project (De Poy & Gilpin 1998:154-155). The boys were free to terminate their participation in this study at any given moment.

*2.4.1.2 Population sampling*

The population of this study consisted of Xhosa teenage boys and other informants who are insiders of circumcision rite. The researcher clearly specified the criteria by means of which participants qualified to participate in this research. The next sub-heading describes a criteria followed step-by-step.

- **Criteria for inclusion in the population**

According to Polit and Hungler (1995) and Wilson (1993) it is important, when identifying population, to be specific about the criteria for inclusion in the population. These criteria are referred to as eligibility criteria; in this study, the eligibility criteria were as follows:

- Participants had to be males, as this practice in East London of the Eastern Cape Province is done to males only.
- The ability to converse in Xhosa was a strong recommendation, because they are the insiders of the traditional practice and have an understanding of events around this practice;
- Participation was considered to be voluntary, as this was in line with ethical considerations of this research project.
- Participants had to be teenage Xhosa boys staying in East London in the Eastern Cape Province to ensure their understanding of culture based on this context of the phenomenon being studied.
- Informed consent was obtained from all the informants permitting audio recordings to be made during interview.
- A period of six months was recommended for the participants because they are just from the initiation school still and their experience of the pre-circumcision phase was still fresh in their minds.
- Participants had to be of the same ethnic group e.g. teenage Xhosa boys in East London the Eastern Cape Province. It is very important for the participants to belong to the same ethnic group, as results were readily understood within certain context and are not value-free.

#### *2.4.1.3 Sampling techniques*

For the purpose of this study, a purposive sampling technique, one of the non-probability sampling techniques, will be used. This non-probability technique involves nonrandom sampling of subject (Burns & Grove 1999; Polit & Hungler 1995; Wilson 1993). The number of subjects that these teenage Xhosa boys will be determined through saturation of data as reflected by repeated themes. (Morse 1995:149) contends that when obtaining a purposeful sample, the researcher



selects participants according to the needs of the study. This means then the researcher will select teenage Xhosa boys in the Border region of the Eastern Cape Province.

#### *2.4.1.4 Data gathering*

In this study, several methods of data collection will be used namely, in-depth phenomenological focus group interviews and observation with field notes. These methods are described briefly below:

- **In-depth phenomenological focus group interviews**

Polit and Hungler (1995:201) refers to this method as “one or more face-to-face interactions between an interviewer and interviewee for the purpose of understanding the interviewee’s life experience or situation as expressed in his own words”. Research questions to ask in focus group interviews should be probing so as to facilitate communication. In this study, the researcher used this method in order to understand the teenage Xhosa boys’ experience in the pre-circumcision phase as expressed in their own words.

- **Field notes**

According to De Poy and Gilpin (1998:306) field notes are nationalistic recordings written by the investigator that are composed of two basic components, namely (i) Recording of events, observation, and occurrences and (ii) Recordings of the investigator’s own impression of events, personal feeling, hunches and expectations.

Wilson (1993:306) identifies the following as types of field notes: They will be explained briefly below:

- (1) **Observational notes**

Are description of events experienced through watching and listening. These contain the who, what, how of the situation

## (2) Methodological notes

These are the instructions to oneself, critiques of one's tactics and reminders about methodological approaches that might be fruitful.

## (3) Personal notes

These are the notes about one's own reactions and reflections and experiences. In this study, the researcher will record all the experiences of teenage Xhosa boys in the pre-circumcision phase in the Border Region of the Eastern Cape.

### *2.4.1.5 Data analysis*

Brink (1990:178) refers to data analysis as describing the data in meaningful terms. Data analysis requires researchers to be comfortable with developing categories and making comparisons. Researchers must be open to the possibility of seeing contradictory or alternative explanations. The recorded interviews were transcribed verbatim and analysed according to Creswell's (1994:155) eight-step descriptive method as follows:

- (1) *Get a sense of the whole.* Read all transcriptions carefully and perhaps jot down some ideas as they come to mind.
- (2) *Pick an interview.* Select the shortest, most interesting interview and go through it asking, what this about? Think about the underlying meaning and write down any thoughts in the margin.
- (3) *Make a list of topics.* When this task has been completed for several informants, make a list of all topics, and form these topics into columns that can be arranged as major topics.
- (4) *Code.* Take the list and go back to the data then abbreviate the topics and codes and write codes next to the appropriate segment of the text.
- (5) *Categorise.* Find the most descriptive wording and convert them into categories, and reduce the total list of categories by grouping related topics together.
- (6) *Arrange abbreviations alphabetically.* Make a final decision on the abbreviation for each category and sort these codes alphabetically.

- (7) *Analyse*. Assemble data material belonging to each category in one place and perform preliminary analysis.
- (8) *Record*. When necessary, record the existing data.

## 2.5 LITERATURE REVIEW

All the themes that emerged from the results were discussed in the light of relevant literature and information obtained from similar studies (Peens & Poggenpoel 2001:43).

### 2.5.1 Phase 2: The description of guidelines to support the teenage Xhosa boys' experiences in the pre-circumcision phase in the border region of the Eastern Cape Province

Once data has been analysed, it is important for a researcher to develop and describe the guidelines to support the teenage Xhosa boys in the Border Region of the Eastern Cape during pre-circumcision phase. The findings and literature will be used to develop these guidelines. Deductive reasoning will be used to arrive at appropriate guidelines for the current study. The researcher applied measures for ensuring trustworthiness.

## 2.6 MEASURES FOR ENSURING TRUSTWORTHINESS

The researcher used Guba's (Lincoln & Guba 1985:89) model for trustworthiness to ensure the validity and reliability of this study. Trustworthiness has four criteria, namely truth-value, applicability, consistency and neutrality.

### 2.6.1 Truth value

According to De Vos, Strydom, Fouché and Delport (2004:349), true value seeks to measure the degree of confidence the researcher has established in the truth of the findings from the informants and the context in which the study was undertaken. It seeks to understand how confident the researcher is with the truth of findings based on the research design, informants and context.

In this study, the researcher used focus group interviews as a qualitative data-collection method. This method assisted the researcher to gather the multiple realities of the experiences of the teenage Xhosa boys in East London in the Eastern Cape Province. The confidence the researcher gained from the study emanated from the fact that the informants were insiders of the circumcision ritual and stayed in East London in the Eastern Cape Province where Xhosa ethnic groups believing in circumcision ritual are mostly found. Applying the strategy of credibility ensured truth-value (De Vos et al 2004:331).

- *Credibility*

Credibility is “an alternative to internal validity in which the main aim is to display that the study was accurately identified and described. The strength of the qualitative study that explores a problem or describes a setting, a process, a social group, or a pattern of interaction is determined by its validity” (De Vos et al 2004:351). This validity of this measure was determined by the following criteria:

- *Prolonged and varied field experience:* The researcher had experience relating to the circumcision ritual and the field of research, as he was an insider of this ritual. In this study, the researcher spent time with the respondents until data saturation was reached as reflected by repeated themes and no new or further information emerging.
- *Triangulation:* Erlandson (1993:115) (cited in De Vos et al 2004:341) states that in triangulation the researcher consults various types of sources, including a literature review, which can provide insights into the topic under study. The researcher used phenomenological focus group interviews and field notes to gather information. Information journals, articles and Internet searches guided the researcher in controlling this study. These sources gave the researcher confidence in the study findings. The researcher worked hand-in-hand with an independent coder during data analysis. This joint effort ensured the credibility of the study and its findings.
- *Peer examination:* The researcher worked hand-in-hand with an independent coder during data analysis. The consensus reached between them consolidated the researcher’s trust and confidence, and served as peer examination.

- *Member checking*: The researcher held follow-up interviews with the respondents after they had studied the identified themes. These sessions with the informants confirmed the validity of the study and its findings and accuracy of the interpretation.

### 2.6.2 Applicability

Applicability refers to the level to which the findings can be applied to other contexts and settings or other groups. It also refers to the ability to generalize the findings to larger populations (De Vos et al 2004:359). In this study, the researcher accurately and explicitly presented the experiences of the respondents during the pre-circumcision phase for comparison between the findings of this study and another situation. Applicability is ensured by the strategy of transferability (De Vos et al 2004:331). Applicability is ensured by the strategy of transferability (De Vos et al 2004:331).

### 2.6.3 Transferability

According to De Vos et al (2004:352), this measure compels the researcher to adequately describe the methodology to be used, transcription of interviews, data collection and analysis, and literature control. This ensures the usefulness of the study findings for other settings; in other words, the findings are applicable in other settings. The researcher achieved transferability by meeting the following criteria:

- **Dense description**: The researcher utilized a purposeful sample of young Xhosa men in East London in the Eastern Cape Province to gather data on their experiences during the period prior to circumcision. The researcher comprehensively described the methods that would be used in this study to the informants.
- **Consistency**: This is the third criterion of trustworthiness of the findings of the study. It seeks to establish whether the same findings would emerge if the same study were repeated with the same informants or in a similar context (De Vos et al 2004:331). Consistency is ensured by the strategy of dependability. Dependability is an alternative to reliability in which the researcher feels accountable for the changing conditions in the phenomenon chosen for the study. This measure enhances the possibility of similar results if the study is repeated (De Vos et al 2004:352) .

- **Question checking:** The expert in research methodology constantly did the question checking and analysed data gathered from Xhosa teenage boys in East London in the Eastern Cape Province. The independent expert together with the researcher identified themes and categories from the data received from the boys.
- **Stepwise replication:** The researcher engaged an independent coder to analyse the data and discussed the findings emerging from the respondents' experiences.
- **Peer examination:** The researcher engaged the independent coder, who was well versed in the field of research, in order to ensure that the findings and themes emerging from the focus group interviews were a true reflection of the respondents' experiences.
- **Neutrality:** This is the fourth criterion of trustworthiness and refers to the degree to which the findings are solely the work of the subjects in their own content and conditions of the study and not of any biases, motivation and perspectives. This criterion is ensured by confirmability. In this study, the researcher remained connected to his experiences and emotions by allowing the informants to share their experiences without being influenced by him. The researcher constantly observed objectivity so that the findings reflect how the respondents experienced the pre-circumcision period, which is guided by their culture.
- **Confirmability:** This is about the concept of objectivity. De Vos et al (2004:352) stress the need to enquire whether another study would confirm the findings of the study.
- **Submitting raw data for auditing:** The researcher submitted the transcriptions, audiotapes and field notes for auditing the credibility of the findings. This meant the expert audited and examined the standard of the research.

## 2.7 CONCLUSION

Chapter 2 of this dissertation focused more on the exploration of teenage Xhosa boys' experiences of the period before circumcision ritual in East London in the Eastern Cape Province as phase 1 of this study; phase 2 focused more on the description of guidelines for the support of teenage Xhosa boys in East London in the Eastern Cape. Qualitative design and research methods were utilized in this study. Measures for ensuring trustworthiness were observed constantly throughout the research.

## Chapter 3

### Research findings and literature control

#### 3.1 INTRODUCTION

Chapter 2 covered the research design and methodology used in the study. This chapter discusses the research findings with reference to the literature review. The main purpose of this study was to explore and describe teenage Xhosa boys' experiences in the period prior to circumcision in East London in the Eastern Cape Province.

The findings are presented with reference to the literature in order to place them in the context of existing research literature in the field of public health. During data collection and analysis the following themes emerged:

- societal pressure on teenage Xhosa boys associated with the circumcision ritual
- depression associated with the treatment of teenage Xhosa boys by the community

#### 3.2 FIELDWORK EXPERIENCE BY THE RESEARCHER

Blunner (1969:37) (cited in Wilson 1993:218) defines fieldwork as "getting close to the people involved in it, seeing it in a variety of situations they meet, noting their problems and observing how they handle them, being party to their conversations and watching their way of life as it flows along".

With permission from the school management committees of both schools, teachers acted as mediators between the researcher and the participants. The researcher requested permission in writing from the schools and the management committees, stating the purpose of the study (see annexure 1). The number of participants who were willing to share their experiences with the researcher determined the size of each group.

On the first day of entering the field, the classrooms of both high schools that participated in this study were full of newly initiated men with only a few desks empty because some learners were not

willing to share aspects of the ritual that might be made known to people who were not supposed to know about them. Immediately after the purpose and significance of the study was presented and explained, the participants began to display their unwillingness. Some members made excuses and left the classroom. They were wary that the researcher might be collaborating with the media and other sources that purposely engage in exposing sacred aspects of this ritual. The researcher managed to convince the participants to participate in this study. According to Xhosa culture, no one should divulge any aspect of the circumcision ritual to anyone, especially boys, females and those who do not undergo the ritual. This is a way of respecting this ritual, which is informed by Xhosa culture. This is done to preserve the ritual as sacred and to protect it against those who discredit it.

The researcher selected phenomenological in-depth focus group interviews as the data-collection method. This required the researcher to enter the research field and bracket any preconceived views on the research topic (Brink 1990:120).

The researcher found it difficult to enter the research field at school A because the participants did not know him; only the teachers knew the researcher. At school A, the researcher and co-researcher together with the participants (men) who stayed behind set a date and time for the interviews to commence.

On the set date the research supervisor was there but on arrival at School A, not a single participant was on the premises. They were reported to have left after writing a test. This disappointed the researcher. However, the supervisor encouraged the researcher and co-researcher to persevere. The principal of school A and the management committee set another date and, with the help of the teachers, the interviews were conducted.

At school B, with the teachers assisting as facilitators, the researcher won the trust and willingness of newly initiated men to participate in the study. Here, too, some were initially reluctant as they regarded the study as a way of divulging information on the circumcision ritual. After explaining the purpose and benefits of the study, those who were reluctant indicated their willingness to participate. The participants initially disapproved of and questioned the use of the tape recorder even though the researcher had explained the reason for its use. They viewed it as a means of



collecting information to sell to other people who do not aspire to circumcision as part of their culture.

The third institution used by the researcher to collect data was a nursing college. At the nursing college, all the prospective participants showed a willingness to participate after the researcher had explained the purpose of the study.

The researcher gave all the participants written assurance that research ethics would be observed. The researcher explained the ethical issues such as respect for persons involved in the project. This meant that the participants were told about their right to decide voluntarily whether or not to participate without fear of coercion or penalty. They were assured of protection from harm. Justice was observed through fair treatment and privacy. Confidentiality was observed in that no information would be divulged to other people or outsiders (non-Xhosa). Each participant signed a written consent form (see annexure 2). The participants were told that signing the consent form did not prevent them from terminating participation in the event of losing interest in the study.

During the focus group interviews, the researcher worked with a co-facilitator to assist with facilitation. He expected variations in the size of the groups due to the participants' perceptions of this study and school tests. Conducting the interviews was not easy as the researcher was not familiar with group dynamics. Hence an experienced qualitative researcher was brought in to assist with in-depth exploration of the phenomenon.

The co-researcher took field notes while the researcher probed for more data. Some informants were emotional when they shared their experiences of the period prior to circumcision with the researcher and co-researcher. The researcher experienced no problems with the nursing college, as the male student nurses were mature compared to the school learners.

The data analysis revealed that the research participants experienced the period prior to circumcision differently. Transcribing and coding the data was a time-consuming task although it proved exciting and challenging. After transcribing and coding, the researcher arranged a meeting with the qualitative research expert to act as co-coder. The researcher and the co-coder reached consensus on the themes and categories emerging from the transcribed data.

### 3.3 SAMPLE

The sample was drawn from the population of newly initiated men from two different schools and one nursing college located in Mdantsane Township, East London in the Eastern Cape Province. The population in this township is predominantly Xhosa. The sample comprised six groups from two high schools and a nursing college. The researcher interviewed three groups at school A; two groups at school B, and two groups at the nursing college (see table 3.1). Data collection continued until all the groups provided no new information; that is, data saturation was reached. Groups 4, 5 and 6 presented well-detailed experiences.

**Table 3.1 Sample distribution**

Group	School	Number of participants	Codes
Group 1	School A	3	A-C
Group 2	School A	3	D-F
Group 3	School A	2	G-H
Group 4	School B	7	1-7
Group 5	Nursing college	7	8-14
Group 6	Nursing college	6	15-20
Total:		28	

### 3.4 THEMES IDENTIFIED DURING DATA ANALYSIS

The research themes identified during data analysis were (1) social pressure on teenage Xhosa boys associated with circumcision, and (2) depression associated with the treatment of teenage Xhosa boys by the community. The participants reported interaction and relationships between teenage Xhosa boys and the community as poor and frustrating.

#### 3.4.1 Social pressure on teenage Xhosa boys associated with circumcision

The sources of social pressure involved culture, religion, family and friends in the environments where the teenage boys live. The manner in which these teenage boys were made to conform to the pressure caused them great stress. This situation led to some boys deciding prematurely to go for circumcision. Social pressure can also be described as the combined pressures present around people in everyday life, such as peer, academic and socio-economic pressure.

Table 3.2 depicts the categories and subcategories of social pressure. The table forms the basis for discussing the categories and subcategories that emerged from the data analysis.

**Table 3.2 Categories of theme social pressure**

CATEGORY	SUB-CATEGORIES
Social influence in an effort to put pressure on teenage Xhosa boys to undergo the circumcision ritual	<ul style="list-style-type: none"> <li>• Societal discrimination against teenage Xhosa boys by the community</li> <li>• Societal prejudice towards teenage Xhosa boys by the community.</li> <li>• Social exclusion of teenage Xhosa boys by the community</li> </ul>
Community-induced compliance of teenage Xhosa boys to undergo circumcision.	<ul style="list-style-type: none"> <li>• Peer group pressure on teenage Xhosa boys by the community.</li> <li>• Religious influence on teenage Xhosa boys by the community.</li> <li>• Victimization of teenage Xhosa boys by the community</li> <li>• Bad labelling of teenage Xhosa boys by the community</li> </ul>

### ***3.4.1.1 Social influence in an effort to put pressure on teenage Xhosa boys to undergo the circumcision ritual***

Social influence refers to real or imagined pressure from others that results in a change in behaviour, attitudes, beliefs, and perceptions of one or more others. It may be intentional. When it is intentional, the group's majority induces a minority to adhere to its ridicule. Both types produce the same outcome; that is, a change in behaviour as a result of real or imagined pressure from others (Feldman 1995:381). This category had three subcategories as discussed below.

#### **➤ *Societal discrimination against teenage Xhosa boys by the community***

According to Popenoe, Cunningham and Boulton (1998:208), discrimination refers to "unfair or unequal treatment of people because of the groups or categories of which they are members". In South Africa, the previous discriminatory patterns are addressed by a Constitution that guarantees equal rights for all in its population (Popenoe et al 1998:209).

Discrimination refers to “negative behaviours directed towards social groups who are the object of prejudice” (Baron & Byrne 2000:216). In the interviews, the respondents revealed that teenage boys are never praised for good behaviour and not counted for any opportunities, such as social development and community participation, because they are boys or not circumcised.

Discrimination is prevalent in activities that disqualify members of one group from opportunities open to others. These boys were always chased away from attending recreational events, such as feasts, wedding ceremonies and pass out ceremonies. Some boys were denied opportunities of taking part in discussions and planning of family matters for the survival of the family. According to the respondents:

The community people isolated me because they regarded me as stinking because I am a boy. Your predecessors deny you or prevent you from enjoying anything before they enjoy it.

We are always ordered out of the house when men are about to discuss issues pertaining to manhood. Pressure from the community, your predecessors and girls, forces one to decide to go to circumcision school prematurely. At home you do not get what you want because you are a boy, not considered or involved when certain matters or issues are discussed and debated because you are a boy. The girls state clearly that they will not fall in love with boys. They forcefully take away your girlfriend because men claim that a boy cannot be in love with a beautiful or any ordinary girl.

When my sisters visited our home, I was made to lie on the floor to make place for them to sleep on my bed. I was always chased away. I was once accused by my family for R50,00 that went missing in the presence of my cousin brother, who was already a man. All fingers pointed at me because this was associated with me because to them only boys steal from other people. Girls always told me that they do not engage in relationship with boys, but circumcised men, as they have passed that stage.

The above pressures led these boys to conform or comply.

➤ ***Societal prejudice against teenage Xhosa boys by the community***

According to Feldman (1995:80-81), prejudice refers to “negative or positive evaluations or judgements of members of a group that are based primarily on membership on the group and not

necessarily on the particular characteristics of individual members". It can also be referred to as negative attitudes towards the members of specific social groups. These members are regarded or perceived as lazy, dirty, immoral, or dangerous. Prejudice can even be based simply on bodyweight or ethnic background rather than on race, religion, and gender. Regardless of its form, prejudice is real and damaging. Some people hold prejudiced views because doing so allows them to enhance their own self-image, to affirm their self-worth, to feel superior in various ways over other groups and to protect or enhance their self-concept (Baron & Byrne 2000:211-213).

These teenage Xhosa boys were always perceived as lazy, dirty and stinking, immoral and dangerous in society because they were associated with bad behaviour in the community. According to the respondents:

The elders in feast-like events start by teasing you before they give you a piece of meat. They say any boy who sleeps with his mother must come and get a piece of meat. He should not complain because he was called a dog, and a dog never complains about the cold. The community isolated me because they regarded me as stinking. I was called names; all the bad things were associated with me because of my boyhood status. I was always regarded as a person without morals who could not distinguish between what is right and what is wrong.

Men called me a dog and a coward, teasing and calling me names and yet they were younger than me. You are not allowed to retaliate when the men treat you discriminately and if you do, people will embarrass you by saying, "Look, the dog is eating a human being!" A dog cannot introduce himself by using the family clan name. This made me feel like I was not a son to my biological parents but belonged elsewhere.

### ➤ *Social exclusion of teenage Xhosa boys by community*

According to Giddens (2001:323), social exclusion refers to ways in which individuals may become socially isolated from full involvement in the wider society. It also associated with people living in dilapidated, housing estates, with poor schools and few opportunities in society, who may be denied opportunities for self-betterment that most people in the community have. It involves paying attention to a broad range of factors that prevent individuals or groups from accessing opportunities open to many in society (Giddens 2001:323).

Social exclusion comes in various forms, especially in rural communities cut off from many services and opportunities. Exclusion is prevalent in economic, political and social terms (Giddens 2001:323). The teenage Xhosa boys experienced this social exclusion because their own people, in their own social environment, isolated them. It is also experienced in social and community life. This involves limited community facilities and low levels of civic participation. The excluded families and individuals are denied opportunities for leisure pursuits, travel and activities outside the home. It also refers to a limited or weak social network, resulting in isolation and minimal contact with other people. It can also mean being shut out by another (Giddens 2001:324-325). According to the respondents:

The community isolated me by chasing me away when issues of developing the community were discussed because I am a boy. Genuine input is not expected from the boy. I was always ordered out of the house when men were about to discuss issues pertaining to manhood.

My friends would forbid me to enter certain places, such as shebeens, pubs or recreational centres, because they cannot share anything with a boy as they were already circumcised.

### ***3.4.1.2 Community-induced compliance of teenage Xhosa boys***

This refers to situations in which people are persuaded to say or do things inconsistent with their ideas, values, views and attitudes (Baron & Byrne 2000:146). Four sub-categories emerged from this category: peer group pressure, religious influences, victimisation and bad labelling.

#### **➤ *Peer group pressure on teenage Xhosa boys***

Peer pressure refers to negative (sometimes positive) socialisation of individuals by peer groups to such an extent that they turn to criminal, sexual and liquor and drug-related activities. It also occurs when their friends and contemporaries encourage individuals do something that they do not feel completely comfortable with. It is not always a bad thing and can help in different ways, such as when individuals are encouraged to improve their performance. This boosts their self-confidence. According to the respondents:

Community people who were of my age isolated me because they regarded me as stinking. Other boys who were preparing themselves to undergo this ritual influenced me.

Most of my colleagues, my friends would forbid me to enter certain areas as they were already circumcised. I felt isolated from my friends, so I indulged in liquor consumption and drug abuse to be a member of the group. They tricked me into disobeying my parents not to go to circumcision.

➤ ***Religious influences on teenage Xhosa boys by the community***

Johnston (1988:13) (cited in Popenoe et al 1998:321) defines religion as “a system of beliefs and practices by which a group of people interprets and responds to what they regard as sacred and usually supernatural as well”. The three major religions are Christianity, Islam and Judaism (Popenoe et al 1998:321). These three major groups involve formal religious organisation, sacred rituals, sacred writings, ministries and priesthood (Popenoe et al 1998:321).

According to Popenoe et al (1998:323), religion supports its believers by:

- (1) Providing support and consolation that assist in overcoming fear of the unknown and being able to bear life’s uncertainties.
- (2) Giving meaning and purpose to human existence by which people will know what is right or wrong.
- (3) Allowing individuals to transcend everyday life.
- (4) Helping people to develop a sense of identity that provides membership in an organisation where they share specific values and beliefs.
- (5) Helping people during transitional stages in life that involve birth, puberty, marriage and death.

Within these major events emerges a system of rituals that include rites of passage. These rites of passage at times are not people friendly to others as they cause stress to people, their families and friends (Popenoe et al 1998:323).

In South Africa, the most common rite of passage amongst indigenous peoples is initiation into adulthood, which is more common with males especially in the Eastern Cape Province. This rite of passage consists of

- (1) 3-4 weeks of separation (nowadays the duration is determined by school holidays) during winter and usually in summer
- (2) circumcision
- (3) smearing white clay on the body
- (4) use of red clay and
- (5) reintegration of new men into the community.

According to Popenoe et al (1998:324), religion plays a major role in

- binding the members of society together through sacred rituals
- strengthening society's basic norms and values which are the foundations of all social organisations

The role of religion in promoting social stability is most seen within the family. It has been and still is deeply embedded in religious meaning. Families still socialise their children in promotion of certain social norms of parenting and child rearing (Popenoe et al 1998:326-7). According to the participants, some of these religious prescriptions, especially for circumcision, led to a situation where those who had not conformed to these prescriptions were isolated by their community and friends. They were not seen as **true men**. This made the teenage boys whose families were staunch religious followers live in fear of being socially ostracised after being circumcised. According to the participants:

Religious practices replacing some important aspects of our circumcision ritual frustrate us boys during the pre-circumcision phase. Ignoring those practices leads to a situation where your parents neglect you. Conforming to religious practices creates a situation where some members of the community will associate you with *bat* (bird) because you did not follow all the steps of circumcision. Girls ignore you because to them you are not a full man; you are just a coward who does not respect his culture.

#### ➤ *Victimisation of Xhosa teenage boys by the community*

This refers to the justification used by perpetrators of violent actions that the act was the victim's fault; for example, the victim may be said to have dressed in such a provocative manner that she



“was asking for it” (Feldman 1995:424). *Collins English Dictionary* (1991:1709) defines victimisation as “a person or thing that suffers harm, death, etc., from another or from some adverse act, circumstance, etc; a person who is tricked or swindled” and victimise as “to punish or discriminate against selectively or unfairly; to make a victim of; – victimisation, n”. Victimisation causes stress. According to the respondents:

I was instructed not to eat the meat of inner body organs and not to be involved in sexual activities. At feasts and celebrations, boys are not served in prepared dishes but get pieces of meat from the community adults.

I was accused together with other boys of stealing chickens, a situation that led to corporal punishment for something we did not do. I was always suspect number 1 when housebreaking and stock theft was reported, and subjected to corporal punishment for something I did not do.

### ➤ ***Bad labelling***

Labelling refers mainly to defining and treating individuals as deviants. Labelling is concerned with how a name or label is imposed on certain individuals, which exposes them to certain negative treatment and perhaps leads them to develop a negative self-image (Lauer 1998:22). Labelling theory proposes that abnormal disorders are, in fact, caused by social expectations. In other words, society develops certain norms and rules that the members must observe, and failure to adhere to these rules implies abnormal behaviour. This means then that labelling theory applies to the social context and the social factors concerned with the diagnosis of an abnormal behaviour. Lauer (1998:22) cites Filstead’s (1972:2) assumptions in labelling theory:

- (1) The reaction of others informs the individual that his or her behaviour is deviant.
- (2) No behaviour is inherently deviant in that each society has its own meaning of deviant behaviour.
- (3) The distinction between deviant and conventional behaviour is not clear, since what is declared deviant changes with time and place.

An example is that acceptable behaviour at one time may be unacceptable at another time (Lauer 1998:22).

Labelling people as deviants can have serious effects. People labelled experience painful circumstances of being perceived as persons who are not members of a normal society. They earn a deviant identity, which becomes a master status that controls their other identities. They become rejected and isolated by the society. Social rejection occurs when individuals' colleagues and families withdraw some of their former trust relationships and affection.

Deviants obtain a stigma, a label that characterises them as socially unacceptable and are socially excluded. Social rejection and isolation result in them being pushed further into a life of deviance. Some join deviant groups or gangs where they are emotionally and socially supported. Joining a deviant group provides a climate that enhances a deviant lifestyle and reinforces the deviant self-image that lowered their self-esteem. They feel excluded and isolated from their own environment. Bad labelling does not develop individuals socially but destroys them. According to the respondents:

They regarded me as stinking. People called my colleagues and me dogs because we were not circumcised.

We were called names, such as dogs, cowards and sissies.

### **3.4.2 Depression associated with the treatment of teenage Xhosa boys by the community**

*Collins English Dictionary* (1991:565) defines feeling as "the sense of touch; the ability to experience physical sensations, such as heat, pain, etc; a state of mind; a physical or mental impression; sentiment, mood, emotion". The feelings of fear, anxiety, depression and frustration were relevant in this study.

#### **➤ Fear**

Fear is "a feeling of distress, apprehension, or alarm caused by impending danger, pain, etc; concern; anxiety; awe or reverence" (*Collins English Dictionary* 1991:563). It is also referred to as an uneasiness of mind at the thought of future danger likely to befall a person.

A phobia is “an abnormal intense and irrational fear of a given situation, organism, or object” and “-phobia is a combining form indicating an extreme abnormal fear of or aversion to”, for example *claustrophobia* (fear of confined spaces) (*Collins English Dictionary* 1991:1170).

The respondents reported fears associated with injury and death during circumcision as well as with disrespect and social exclusion by the community. These teenage boys were never involved in discussions on family issues and feared being a poor source of indigenous knowledge when they were old and being alien in their own culture and its religious knowledge. These fears led some to indulge in alcohol consumption and drug abuse to quell their fear and uneasiness about what was going to happen during the circumcision ritual and in the bush.

Their lack of information gave rise to questions about what would happen if the traditional surgeon incorrectly performed the circumcision and whether they would die. This situation intensified their fear of being hospitalised or dying in the bush. Hospitalisation would earn them a bad name and loss of respect as a man. An initiate who was hospitalised after being circumcised was not regarded as a real man.

Some of the Xhosa teenage boys indicated that their fears were related to disrespect accorded to them by family and community members. Stories told by the men of unexpectedly being visited by big snakes and wild animals further intensified their fears, leaving them a choice between enduring disrespect from community or facing the challenge of spending time in the bush. According to the respondents:

Realising that you are about to undergo the circumcision ritual affects your preparation for examinations or tests. Fears about the circumcision ritual dominate your body and mind.

I had conflicting ideas and thoughts; had fears about the circumcision ritual. I felt left behind with regard to progress in my own community.

## ➤ **Anxiety**

Anxiety is defined as “a state of uneasiness or tension caused by apprehension of possible future misfortune, danger, etc; worry; a state of intense apprehension or worry often accompanied by

physical symptoms such as shaking, intense feelings in the gut, etc" (*Collins English Dictionary* 1991:68). This emotional feeling forced some teenage boys to isolate themselves from those who constantly embarrassed them and threatened to forcefully take them to the bush. This led to a situation where they felt that their boyhood was under threat.

### ➤ Frustration

Frustration refers to "preventing someone from achieving something or blocking some ongoing behaviour directed towards a desired goal" (Feldman 1995:267). Some of the respondents reported that they resorted to indulging in alcohol and substance abuse to adapt to the stressful experience caused by family and community members.

### ➤ Depression

Depression refers to "the state of being depressed; a mental disorder characterised by extreme gloom, feelings of inadequacy, and inability to concentrate" (*Collins English Dictionary* 1991:425). Many of the respondents reported that they felt they were losing their self-esteem and because of this they lost interest in everything that was happening in their communities. This had a negative impact on their academic progress, as they were not performing adequately in class because they were experiencing the same pressure from their schoolmates who were already men. According to the respondents:

You do not get what you want because you are a boy. You are not considered or involved when certain issues are discussed and debated because you are a boy. This hurts and forces you to undergo the circumcision ritual prematurely without your parents' permission.

I could not complain because I was named a dog, and a dog never complains about coldness. This was a difficult situation; unbearable restrictions during pre-circumcision phase, such as not sleeping with girls led to my girl deciding to leave me. My schoolmates were saying bad things about me, calling me names such as dog, sissy and coward.

### **3.5 ROLE OF THEORY IN THIS STUDY**

The study was guided by Mavundla and Netswera's (2005) model with its three circumcision stages and their associated problems, namely pre-circumcision, peri-circumcision and post-circumcision stages.

Newly initiated men were the vital insiders of the circumcision ritual. They were important sources of indigenous knowledge regarding the ritual. This study focused on the experiences of teenage Xhosa boys during the period prior to circumcision. The themes and categories that emerged from this study reflected the respondents' perceptions and experience of the pre-circumcision period (Mavundla & Netswera 2005:169). This knowledge forms part of the package of indigenous knowledge heritage.

### **3.6 CONCLUSION**

This chapter discussed the research findings in detail and referred to the literature to control findings. It became clear that teenage Xhosa boys experience little support from their families and communities, and pressure from family, peers, and the community. The findings would seem to indicate a need for more psychological, emotional and physical support as well as knowledge prior to circumcision.

The pre-circumcision phase is a difficult period for teenage Xhosa boys. The findings gave the researcher a clear indication of how to develop guidelines for the support of teenage Xhosa boys during the pre-circumcision phase.

Chapter 4 discusses the guidelines developed for the support of teenage Xhosa boys during the pre-circumcision phase.

## Chapter 4

### Guidelines for support of teenage Xhosa boys during the pre-circumcision period

#### 4.1 INTRODUCTION

Chapter 3 discussed the study findings with reference to the literature review. The insights gained from the themes were used to develop the guidelines for supporting teenage Xhosa boys during the period prior to circumcision.

If these themes, with their categories and subcategories, are not addressed urgently, teenage Xhosa boys could be exposed to mental health problems. This suggests that guidelines developed should focus on promoting mental health and preventing mental illness.

#### 4.2 GUIDELINES FOR SUPPORTIVE INTERVENTIONS FOR TEENAGE XHOSA BOYS DURING THE PERIOD PRIOR TO THE CIRCUMCISION RITUAL WITH REGARD TO SOCIAL PRESSURE ON THEM

- **Creating an environment that promotes community participation in supporting teenage Xhosa boys**

It is important for the community to be educated on the people's Bill of Rights enshrined in the South African Constitution, Act 108 of 1996. This will promote relationships to bring about recognition of these boys as future leaders who can ensure that their culture is sustained.

- **Educating the community about the negative outcomes of imposed societal prejudice and discrimination of teenage Xhosa boys**

Social prejudice and discrimination lower the person's self-esteem and produce a feeling of being neglected by the community. These boys must be empowered to deal with the bad or inhuman

treatment levelled at them and focus on what is beneficial to them. Counselling and social work services are important in supporting teenage boys.

- **Encouraging the community to provide social support to teenage Xhosa boys during the period prior to circumcision ritual**

Providing social support would eradicate the experience of social exclusion imposed on these boys. The community must engage teenage boys in aspects of community development. Their inputs should be respected when development is planned, implemented and evaluated.

- **Educating peers about mental health problems that emanate from peer group pressure imposed on teenage Xhosa boys**

Peer education can be achieved through engaging the peers who have already undergone this ritual in planning and implementing supportive measures for teenage boys. They must be informed about the factors that led to other boys delaying undergoing this ritual. These factors include the parents' financial readiness, psychological readiness of both the family and their son, availability of funds for buying goats and preparation of African beer. Understanding these factors can reduce peer group pressure.

- **Encouraging the community, especially the family elders, to educate teenage Xhosa boys on certain aspects of circumcision ritual**

Understanding their own culture empowers individuals to respond positively to the prescription and restrictions of the circumcision ritual. Teenage boys must be taught the importance of this ritual as part of their cultural and belief heritage.

- **Involvement of the community in putting an end to the victimisation of teenage Xhosa boys by the community**

The perpetrators of this bad experience must be identified and informed about the consequences of victimising teenage boys. The community should develop control measures to curb this

destructive experience. This includes fining those found victimising teenage boys. Social workers, psychologists, including psychiatric nurses, should be involved in public awareness programmes on victimisation and its ugly consequences and in helping those who are already victims of this experience.

➤ **Empowering teenage Xhosa boys to deal with the experience of being badly labelled by the community**

Bad labelling produces lowered self-esteem and can push the victims to join groups associated with crime, drugs, alcohol and substance abuse. This exposes teenage boys to various mental illnesses. These boys should be informed about who and where to go in the presence of stress-related feelings emanating from bad labelling. Coordinated services of different sectors and relevant professionals should be directed at helping these teenage boys. Health, mental health, social work, psychologist and psychiatric professionals are mainly involved in rendering services involved here.

#### **4.3 GUIDELINES FOR SUPPORTING TEENAGE XHOSA BOYS EXPERIENCING DEPRESSION ASSOCIATED WITH THE TREATMENT OF TEENAGE XHOSA BOYS BY THE COMMUNITY**

➤ **Elimination of fear and supporting boys experiencing fear**

Fear is a feeling of distress, apprehension, or alarm caused by impending danger or pain as well as an uneasiness of mind at the thought of future danger likely to befall a person (see chapter 3).

The community should be educated about sources of fear experienced by teenage boys. These sources include disrespect and social exclusion by the community. The community must be empowered to find creative ways of (1) maintaining a sense of trust between the community and the boys, and (2) ensuring a feeling of being safe in the community. In the event of fear affecting the psychological aspect of these boys, professional counselling should be provided to help them. Government workers, community leaders, schools, churches and support groups can help the boys to handle fear. These efforts can play a major role in preventing mental illness emanating from



delayed management of fear. The community and peers must be educated on the importance of hospitalisation in threatening situations to prevent the loss of penis and death in the bush.

According to Uys and Middleton (2004:270), anxiety refers to a feeling of uneasiness and apprehension about some undefined physical and psychological threat associated bodily harm or death and threats to self-esteem and well-being.

The following guidelines can help to manage anxiety:

➤ **Recognising one's own feeling of anxiety**

Professionals and non-professionals empowered in dealing with anxiety must start by recognising their own feelings of anxiety and bracket them and focus on the boys' feelings. This will enable them to appropriately collect valuable data on the boys' feelings of anxiety. These feelings will inform the professionals and non-professionals on relevant interventions to assist those who are anxious.

➤ **Promotion of short, simple and direct verbal and non-verbal communication**

Both these types of communication can facilitate a trust relationship that will promote free and open interaction between health care providers and teenage boys. From these interactions rich data can be collected that will provide the health providers an opportunity to plan appropriately.

➤ **Manipulation of the environment where the teenage boys reside**

The nature of an environment can trigger a feeling of being anxious. It is the obligation of the professionals, non-professionals and the community to empower the teenage boys during the period prior to the circumcision ritual to deal with environmental stressors. If possible, those stressors must be avoided. This can help relieve the boys' immediate distress associated with anxiety (Uys & Middleton 2004:289).

➤ **Intervening in anxiety using cognitive-behavioural therapy**

This therapy is based on the idea that individuals' feelings and behaviours in any given situation are more determined by their interpretations of and assumptions about the experience (Uys & Middleton 2004:294). It is the social obligation of the mental health promotion professional to explore the boys' understanding of this therapy, describe it and what it aims to do. Other specific cognitive-behaviour strategies can be used to help these boys develop a new self-construction. These strategies include sensory awareness, mental exercises, absorbing activities, and visualisation techniques (Uys & Middleton 2004:297). The boys should be taught skills to cope with anxiety; for example, they should know that although their feelings are frightening, they are not dangerous or harmful when professional support is sought early.

➤ **Implementation of psychopharmacology of anxiety by the mental health care worker**

Beeber (1989) (cited in Uys & Middleton 2004:311) describes the psychotropic medication for anxiety as a "window of opportunity for the nurse and the patient". Giving psychotropic medication to the anxious person brings about relief of anxiety. It is this relief that provides an opportunity for the mental health professional to access these boys. The anxious boys who are taking treatment must be educated on possible side effects of the given drugs and what to do thereafter (Uys & Middleton 2004:311).

Frustration refers to preventing someone from achieving something or blocking of some ongoing behaviour directed towards a desired goal (Feldman 1995:267). The following are guidelines for managing anxiety.

➤ **Development of professional and social networks**

These boys must be educated on who to consult when frustration sets in, including healthcare workers, social workers, counselling psychologists and support groups in the community.

➤ **Encouraging relaxation techniques and building of defences**

These interventions reduce the effects of stress and frustration. Relaxation training for teenage boys forms an important part of reducing frustration. These boys should defend themselves against frustration by focusing on what is best for them. Depression refers to “the state of being depressed; a mental disorder characterised by extreme gloom, feelings of inadequacy, and inability to concentrate” (*Collins English Dictionary* 1991:425).

The following are guidelines for the management of depression:

➤ **Promoting social skills in dealing with the depression**

The teenage boys should be educated on how to handle depression. The counselling and psychiatric professionals and psychologists in their interventions must promote social skills in the management of depression. The boys should be encouraged to maintain strong and positive assertiveness and should always involve themselves in group interactions. They must remain positive about themselves and what the future holds for them. This will boost their self-esteem and well-being.

➤ **Promoting satisfaction in various relationships between the community, family and teenage boys**

It is the obligation of the community to recognise teenage boys as human beings who will ensure sustainability of their culture and its rituals. This will ensure satisfaction on these boys, as their inputs will be recognised.

➤ **Provision of access to counselling and therapy alternatives for teenage boys suffering from depression**

Counselling professionals and other mental health professionals should avail themselves to these boys. Their accessibility will provide opportunities to gather rich data. This data will be useful when

planning, implementing and evaluating the appropriate interventions for helping teenage boys experiencing depression. The following therapies help to overcome and deal with depression:

- (1) cognitive therapy to help teenage boys challenge their thoughts
- (2) behavioural therapy to help teenage boys not to be influenced by their perceptions to misbehave
- (3) interpersonal therapy for depression to help teenage boys to relate to other people and to communicate and express their feelings, and thus promote positive assertiveness
- (4) solution-focused therapy for depression to help teenage boys find solutions to current problems and focus on future wellness rather than past hurts.

#### **4.4 CONCLUSION**

This chapter discussed guidelines for supporting teenage Xhosa boys in East London in the Eastern Cape Province according to insights gained from the study.

Chapter 5 concludes the study, discusses its limitations and makes recommendations for the effective support of teenage Xhosa boys in East London in the Eastern Cape Province.

## Chapter 5

### Conclusions, limitations and recommendations

#### 5.1 INTRODUCTION

Chapter 4 discussed the guidelines for supporting teenage Xhosa boys during pre-circumcision in East London in the Eastern Cape Province. This chapter concludes the study, draws conclusion from the findings, discusses its limitations and makes recommendations for the community and its structures, community leaders, people directly involved with the circumcision ritual, nursing education as well as further study.

#### 5.2 CONCLUSIONS FROM THE FINDINGS

This study had two purposes, namely (1) to explore and describe teenage Xhosa boys' experiences of the period before circumcision in East London in the Eastern Cape Province and (2) to describe guidelines for the support of the boys during the pre-circumcision period.

The researcher adopted a qualitative approach that was explorative, descriptive and contextual in order to gain insight into teenage Xhosa boys' experiences during the pre-circumcision phase in East London in the Eastern Cape Province. Polit and Hungler (1995:517) describe qualitative research as "modes of systemic enquiry concerned with understanding human beings and the nature of their transactions with themselves and with their surroundings". This enabled the researcher to explore and describe teenage Xhosa boys' experiences and the guidelines to support these boys.

Data was gathered by means of in-depth focus group interviews and observation in the form of field notes. Data analysis was done concurrently with data collection. The tape-recorded interviews were transcribed and analysed.

Two themes emerged from data analysis, namely (1) social pressure imposed on teenage Xhosa boys by the community, and (2) depression associated with the treatment of teenage Xhosa boys by the community. The social pressure had two broad categories: social influence on teenage Xhosa boys to pressure them to undergo circumcision, and community-induced compliance of teenage Xhosa boys to undergo circumcision.

The researcher developed guidelines for supporting teenage Xhosa boys during the pre-circumcision period from the insights gained from the themes emerging from the study.

The researcher drew the following conclusions from the study and its findings:

- The experiences of teenage Xhosa boys were never of concern to the community and these boys had to resort to doing things not in line with the value system of their community.
- Joint intervention from different health fields, government and community sectors is important in supporting teenage Xhosa boys during the pre-circumcision period in East London in the Eastern Cape Province.

### **5.3 LIMITATIONS OF THE STUDY**

This study involved young circumcised men in East London in the Eastern Cape. Teenage boys who were the actual victims of the pressures discussed in chapter 4 were not interviewed. This meant that the findings of the study are understood within a certain context; that is, young men in East London in the Eastern Cape who are members of the Xhosa ethnic group. Xhosa teenage boys and the elderly were not considered hence their experiences were not included in this study.

### **5.4 RECOMMENDATIONS**

Based on this study and its findings, the researcher makes the following recommendations for the community, community leaders and people directly involved with the performance of the circumcision ritual, professionals attached to circumcision centres and further research.

#### **5.4.1 The community, its structure and its leaders**

The community, its structures and its leaders are the main role players in effecting change in the life of teenage Xhosa boys through open communication on the boys' experiences. It is therefore recommended that a working partnership between all the stakeholders, community structures and circumcision centres be formed. Improvement in the social life of teenage Xhosa boys can be influenced by the integrated efforts of the community structures and leaders.

#### **5.4.2 People directly involved in the performance of circumcision ritual and professionals attached to the circumcision centres**

People directly involved with this ritual, together with professionals attached to the circumcision centres, need to work as a team. They need have their own quality circle, which will directly work hand-in-hand in quality circles in other sectors for the improvement of quality of life for teenage boys. This forum will provide opportunities for a climate that will facilitate exchange of ideas and opinions on improving the quality life of teenage boys. Teamwork is vital in coordinating various people's roles in the improvement of quality life for teenage boys.

#### **5.4.3 Further research**

It is recommended that further research be conducted into:

- Intensive explorations of teenage boys' experiences across the various ethnic groups in different provinces.
- An exploration of teenage boys' experiences of the period prior to circumcision with a sample of boys selected for their particular knowledge of the phenomenon for the purpose of sharing that knowledge.
- Quantifying the findings of this study to determine whether these views are generalisable within the teenage boys of Xhosa group in the Eastern Cape Province where the study was conducted.
- Quantitatively testing the guidelines developed and described in this study.

#### **5.4.4 Nursing education**

Nurse educators should work in partnership with various professional sectors especially those who promote mental health promotion such as social workers, counselling psychologists and psychiatric health professionals. This teamwork can assist the nursing colleges to produce competent nurses who will be able to develop programmes on preservation of mental health and counsel victims of poor treatment by community, especially teenage Xhosa boys.

Mental health promotion and counselling should form an integral part of the curriculum at early stages of learning programmes at all levels. Teamwork should be emphasised to students as they grow towards professionalism.

#### **5.5 CONCLUSION**

This study examined the experiences of teenage Xhosa boys in the pre-circumcision period in East London in the Eastern Cape. The findings should promote community and social welfare as well as improved nursing practice.



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**Annexure 1**

Department of Health Studies  
University of South Africa  
PO Box 392  
UNISA  
0003  
11 February 2004

The Head of the College  
Ciskei Nursing College  
Mdantsane  
5219

Dear Sir

**REQUEST TO CONDUCT A RESEARCH STUDY IN YOUR INSTITUTION**

I am a student at UNISA registered for MA in Public Health. At present I am engaged in a research project entitled **XHOSA TEENAGE BOYS' EXPERIENCES DURING THE PERIOD PRIOR TO CIRCUMCISION RITUAL IN EAST LONDON IN THE EASTERN CAPE PROVINCE** with Professor TR Mavundla as our supervisor.

In order to complete this project I need a permission to get access to your children who have recently undergone traditional; circumcision, to conduct case studies. In this study we undertake to safeguard anonymity of this institution, students' confidentiality and other ethical consideration. The long-term benefits for this report are that the research findings will be used to formulate guidelines for mental health promotion and support for the teenage boys during the period prior to circumcision ritual in East London in the Eastern Cape Province.

I intend to conduct teen's group interviews.

I hope this request will receive your considerate response.

Thank you in anticipation

S Tenge (Registered Nurse, Tutor) BA Cur (Unisa)  
**RESEACHER- BA (CUR), RN**

.....  
S Tenge  
**Researcher: BA (Cur) RN**

.....  
TR Mavundla  
**Supervisor: Prof, D Cur, RN**

## CONSENT LETTER FOR PARTICIPATION

Dear Sir

### REQUEST FOR CONSENT TO PARTICIPATE IN A RESEARCH STUDY

I am an M Cur (Public Health) student at the University of South Africa, presently engaged in a research project entitled **TEENAGE BOYS' EXPERIENCES DURING THE PERIOD PRIOR TO CIRCUMCISION RITUAL IN EAST LONDON IN THE EASTERN CAPE PROVINCE** under the supervision of Professor TR Mavundla of the Department of Health Studies.

The objective of this study is to explore and describe the Xhosa teenage boys' experience of the period prior to circumcision ritual in the border region of the Eastern Cape.

To complete this I need to conduct interview of approximate 45-60 minutes duration which will be audio taped for verification of findings by an independent expert who is a qualitative research expert. In this study I undertake to safeguard your anonymity by omitting the use of names and places. Confidentiality will be assured to erasure of taped material on completion of transcription of these tapes. The transcribed tape material will only be shared by myself and another independent expert on qualitative research. you are giving informed consent of these proceeding and reserve the right to cancel it at any stage of the proceedings. it is understood that you are under no obligation to participate in this study.

The direct benefit to you for participating in this study is that you will have the opportunity to verbalise your Xhosa teenage boys experience of the period prior to circumcision rites in the border region of he Eastern Cape Province.

A summary of the research findings will be available to you on request. Should you wish to contact the researcher, do this at the following address:

Mr S Tenge  
681 N.U 17  
MDANTSANE  
5219  
Cell: 0834575852

Thank you

.....  
(SIGNATURE) PARTICIPANTS

.....  
DATE

.....  
S Tenge  
Researcher: BA (Cur) RN

.....  
TR Mavundla  
Supervisor: Prof, D Cur, RN

## GROUP 1: INTERVIEW

Researcher: "Good afternoon gentlemen, on the 14<sup>th</sup> February we met here to discuss about the interviews and clarify some aspects involved on this data collection method. We decided to meet again on the 16<sup>th</sup> of February i.e. today. We together with co-researcher wish you to share your experiences of the pre-circumcision period with us. Sharing your experiences will centre on the following question;

What were your experiences of this period and did they influence you to go for circumcision no matter what circumstances were?

Or

How did you experience the period before circumcision or going to initiation school?

Anyone can start sharing his experiences with us".

Interviewee (No. 13): "I already had some information on this indigenous rite when I was young. I realised earlier that I will undergo this rite when I am 17 or 18 years old. Age difference between myself and my colleagues who were older than me and their time of undergoing this rite made me to go to initiation school a year before my planned time. I did not consult my family so as to get a permission. Any way I was raised by a single parent".

Interviewee (No. 8): " In supporting what the previous speaker has said, at school all my friends were older than me. Talking about their planned dates and preparations before undergoing this indigenous rite would leave me unhappy with two realities. Firstly, I was going to lose my best friends, and be isolated from them. Secondly, when they come back from initiation school they will call me names."

Interviewee (No. 11): "I do not lay blame entirely on peer group pressure but lifestyles Of elder brothers in our community. The manner in which they dressed for particular occasions made me feel older than my age and ready to go for circumcision. Another factor that my mother has been contributing with socially prescribed gifts to the families when their sons are passing out from initiation school. The only time she could get back these gifts was when the family celebrated my passing out ceremony. She used to send me these to these families to bring one case of beer and one bottle of brandy".

Co-researcher: "All in all you wanted to be like them and live their style. You admired their life styles. What do other people say"?

Interviewee (No. 9): "I experienced a lot during this period. I was always chased away during the passing out celebrations. I was called names. These were the things that used to annoy me. At home every time the money is missing everyone accuses me of stealing. At one time in the presence of my visiting cousin a R50.00 note went missing. All fingers pointed at me because I was a boy and my cousin was already a man i.e. (circumcised)".

Co researcher: "Were they wrongly accusing you?"

Interviewee (No. 9): "Yes. All bad things were associated with me because I was a boy. A circumcised man was always regarded as a person with morals who can distinguish between what is right or wrong. This was annoying me".

Interviewee (No. 14): "I experienced a pressure from a situation that was fast becoming common. A number of boys younger than me were

undergoing this rite in front of me because I was not yet ready for this boy to man transition. I was expected to accord them their respect. This means that I was prohibited from calling them using their names. This is one of the things that influenced to decide for undergoing this rite. My family asked to join others because their coffers were becoming depleted."

Researcher: "Let us go back to the issue of the boys younger than this rite before you. What else did you sense might happen to you due to your delaying tactics"?

Interviewee (No. 13): "I experienced a situation whereby these newly circumcised men were calling me "dog" and other names. In events like feasts or cultural ceremonies they always enjoy large share of entertainment that includes food and liquor than me. Discrimination in terms of placement whereby men will be allocated a suitable place than the boys for an example, boys will be allocated away from the kraal where food and meat is dished from. The only way to get your share was to wait to be called by these men who would give you a piece of meat. On the side girls, tell you that she does not fall in love with boys she has passed a stage that stage and is involved with circumcised men. This annoyed me because only the younger men who went to the initiation school before me were able to make love with these girls."

Interviewee (No. 8): "I was also angered and frustrated by the authority given to these men allowing them to tease at me or call me names and yet they are younger than me but circumcised. You are not allowed to retaliate and if you do that especially by beating this young man, people in the scene will summon others to come and witness a 'dog' eating a human being."

Interviewee (No. 12): "My experience emanated from a pressure exerted by my immediate younger brother there was no big gap in terms of age difference. He really wanted to go to circumcision for his personal interest. He warned me that if I delay he will be forced to go for it before me. This was going to be an embarrassment to myself, my family and to the community at large. Secondly in any community activities or ceremonies you are always disrespected and denied access to entertainment that goes with these ceremonies. For example, there is no bottle of brandy for boys but for circumcised men."

Interviewee (No. 8): "I experienced a disrespect from my sister's boyfriends who were already circumcised. At home I was staying with my mother and my sisters. These guys used to visit my sisters at home and were showing no respect for me because I was a boy. They did not respect my mother too. Any way my mother did not have problems with these guys paying visits to my sisters. This was annoying me. This situation made me to experience my days of teenage hood the hard way."

Co-researcher: Did it meant you did not have a right to challenge this disrespecting behaviour?

Interviewee (No. 8): "Yes. It is like if you beat anyone who is teasing you, you face consequences."

Interviewee (No. 11): "I was teased by those who went to circumcision before me. This was annoying me on daily basis."

Interviewee (No. 13): "The worst experience was on the preceding day for circumcision. The new men came to the party that is held



throughout the night. They narrated stories / their experiences of being unexpectedly visited by big snakes and wild animals such as bears and lions that killed their fellow mates in the bush. I almost given up and planning to run away from the ceremony. I was encouraged by other men who denied any visits of that nature.

Interviewee (No. 10): "Because of my boyhood every men young and old regarded me as naïve. There was nothing serious from me. This pushed me to think about abandon my boyhood because I wanted to know what exactly I do not know."

Researcher: "Listening to your experiences, can anyone remember worst experience that made one to curse the boyhood?"

Interviewee (No. 8): "I was once accused together with other boys of stealing chicken from an old man who was selling meat to the neighbourhood. All the boys were harshly taken to a place called 'Geneva' outside the neighbourhood. Corporal punishment was used to force us to inform the men who were investigating who exactly stole the chickens. No men was associated with this bad behaviour."

Interviewee (No. 10): "I experienced some consequences of being a friend to those colleagues who left you behind. They would allow you to join them. When they need anything you are the one to go fetch that. This was annoying me because although they were circumcised they belong to my age – group or younger than me. When you resist they will always remind you that you are still a boy. This was depressing me and frustrating. They would treat me as their servant"

Interviewee (No. 9): "I experienced disrespect from the elder people because they perceived me as a person who regards himself more knowledgeable than other people. This was because I was a learned boy. At home when my parents and sisters were doing shopping they would not consider buying me new clothes. They always reminded that they are still going to buy me new clothes when I am a new man. I was treated as if I am an adopted child. I was getting offers from my big brothers and clothes from close relatives. When discussing issues related to the property such as domestic animals, equipment was something distant to me. No input was expected from me".

Interviewee (No. 10): "One other experience that was haunting me was the constant death of my elder members of the family. In order for me to know about issues and aspects of my culture, I was required to undergo this indigenous rite before they are all gone. Being a man would provide me opportunities to explore more information about my culture from my elders."

Researcher: "What do other people say? Referring to other participants."

Interviewee (No. 14): "What annoyed me was how one of the colleague who was in the bush referred to me. He used to instruct the young boys who are taking food to the initiate to say 'ask that boy to provide something for me' This was bad to me.

Interviewee (No. 9): "I noticed that any bad thing at home or in the community was associated with me and other boys. You are always suspect number one if house breaking or stealing of stock occurred. You are regarded as mastermind who is teaching those younger than you on how to steal from neighbourhood"

- Interviewee (No. 10): "You were not allowed to introduce yourself using your clan name because you are a boy. This made feel I am not the son to my biological parents but belonging elsewhere. This forces you to consider leaving boyhood."
- Researcher: "In view of proposing love from girl, what else made you to hate teenage boyhood?"
- Interviewee (No. 9): "I had a bad attitude towards girls. They would respond to your proposal for love by using embarrassing statements such as; (I do not fall in love with a barking dog that has a long tail)."
- Researcher: "At home what was your worst experience that made you wish to quit teenage boyhood?"
- Interviewee (No. 8): "As a boy you are not allowed to send your younger sisters or brother bring something or take it to another place."
- Co-researcher: " Any one with experience during the preparation for undergoing this indigenous rite?"
- Interviewee (No. 14): "My painful experience during preparatory phase happened when the elders from my mother's family did not allow me to go to my father who was not staying with my mother so that he can slaughter a goat to bless my passing from boyhood to manhood as this was a requirement before circumcision. This caused more confusion on me. These elders were not going to contribute anything to these preparations only my mother who was going to pay for everything."
- Interviewee (No. 9): "During the preparatory phase my elders sat down discussing how this rite process is going to take place. On the night before entering the bush things began to happen haphazardly

due to influence of liquor. Certain important things agreed upon are just missing out. This lowers your interest and is heart breaking."

Interviewee (No. 11): "No preparations were conducted by my parents. My friends were the people who were consulting traditional surgeon and organising the money to buy a bottle of brandy for the traditional surgeon. I had little knowledge on restriction of fluids when you are an initiate. This frightened me and I decided to go to the bush in June. During June period I do not use water often than in December when a lot of water is consumed."

Researcher: "How did you feel when No. 8 was clear that your days of boyhood were coming to an end or what was happening to your mind?"

Interviewee (No. 14): "Initially you become more excited, you want to go for it. As the days go by and reality is inevitable you develop some changes in the quality of interest and excitement. In last days of boyhood a desire for alcohol consumption occurs in attempt to cloud an uneasiness of no origin."

Researcher: "In other words what might have been the cause of changes in the quality of interest and excitement?"

Interviewee (No. 14): (continues) ... "I think the cause was fears. It was when the traditional surgeon did not honour the agreed time upon."

Researcher: "Can anyone tell us with what these fears were related?"

Interviewee (No. 14): "Because I did not know exactly how the procedure was done, I had many questions such as what if the traditional

surgeon incorrectly cut my private parts, am I not going to die. This intensified my fears.”

Researcher:

“Gentlemen, at this juncture I wish to thank you for sharing with us your experiences. It was a rich interview with exciting experiences. Thank you once again. At some stage we will bring to you an approved document reflecting the difficulties experienced by Xhosa teenage boys in the East London in the Eastern Cape Province”

## GROUP 2: INTERVIEW

Researcher: "Good afternoon gentlemen, on the 14<sup>th</sup> February we met here to discuss about the interviews and clarify some aspects involved on this data collection method. We decided to meet again on the 16<sup>th</sup> of February i.e. today. We together with co-researcher wish you to share your experiences of the pre-circumcision period with us. Sharing your experiences will centre on the following question;

What were your experiences of this period and did they influence you to go for circumcision no matter what circumstances were?

Or

How did you experience the period before circumcision or going to initiation school?

Anyone can start sharing his experiences with us."

Interviewee (No. 17): "My experiences started at home. We are three brothers and I am the last born. I was not allowed to enter the room when they are washing themselves. I could not sit on their bed because they said I am stinking. We used share dish during the meal times. After finishing our meals I was forced to wash the dishes. In the community by setting I was called a 'dog' by the men. At the age of 13 - 14 years a teenage boy is required to perform a small procedure whereby a certain vein lying beneath the glans penis is cut using a needle and a thread. This thread stays with you until that vein is blocked and broken into two. A boy who has not done this was discriminated and isolated by other boys. A theory states that failure to do this is causing delay in healing of the circumcision wound. In cases where there is a feast in the

neighbourhood I was not allowed to be closer where meat is prepared and cooked, that is in the kraal. When they give you a piece of meat it is either thrown at you or they start by teasing you by calling you a dog. During this period everyone including females teases you and embarrass you in front of other people. Coming to the issue of love. New men in the neighbourhood will tease you in front of your girlfriend. They will take her from you because a dog cannot fall in love with a beautiful girl."

Interviewee (No. 16): "My experience started at home I was the one who was always required to go and fetch the cows and bring them at home. A school together with other boys I was forced to clean the blackboard as this was meant for boys. The requirements for being involved with girls was undergoing the circumcision rite. I was not allowed to enter the house where men and those girls who are not yet married when they were performing traditional dancing and singing the night before the wedding. The things made my life of boyhood a bit difficult. During the fist like events boys do not have a share in meals that are prepared for consumption but depend on what older men throw at you."

Interviewee (No. 15): "At home I was made to fetch cows and sheep from the forest. My elder brother were exempted from this exercise because they were men. They will only be invited when a sick cow is treated for any sickness such as bilharzias. If they are not at home during the super it is my duty to take their food to their rooms. In feast like events where a cow is slaughtered duties like removing hair around the head and lower part of the legs using fire was allocated to us boys. When they are ready to be eaten those who cleaned the head is forgotten because only elders who are allowed to eat

them. At school you are called a 'dog'. In the field of play you can not call a man by his name in the process of game, if you do other men watching the game will beat you up after the game. Our girls are separated / isolated from us boys during traditional ceremonies preceding the wedding proceedings. Boys are made to work very hard with no compensation. The fruits of working very hard are enjoyed by men not boys. During the ploughing period I was forced to wake up in the hours of the morning to organise the cows by applying yoke around the cow's neck so that they can pull the ploughing equipment in the field. Men will join me when the sun rises.

Researcher: Is there any experience that could have led you to leave the life of boyhood?"

Interviewee (No. 15): "I experienced a change in behaviour when I was involved in stealing of sheep in the neighbourhood. We were successful in this crime act.. This did not last any longer because after it was discovered that we are the culprits. We were hunted from one corner to another. Ultimately we were apprehended and severely punished by mob of community members. It was then that I took a decision to go for circumcision.

Interviewee (No. 18): "No one acknowledges and appreciated the good things I have done at home and in the community because I was a boy. My elder brothers used to instruct me to go and fetch their girlfriends and if I complain and refuse to go they will fight me. My parents would not intervene, but in a way endorse the hardships put on me by my elder brothers. In the community I am prohibited from certain areas and traditional ceremonies because of my boyhood status. When it comes responding to the call of the native, men will



tell me I cannot relieve myself in the same toilet at the same time with them because I am not a men. What was painful is the fact that some of these men are of my age and some younger than me.

Interviewee (No. 19): "At home my elder brother was more recognised than me. There was no genuine thing that was expected to come from my mouth. My inputs was never appreciated and acknowledged when family issues are discussed. In the community setting after school we used to tease and chase girls doing all sorts of bad things instead of proposing for love. This came to a painful end when community members notice this bad behaviour and punished us with no mercy using a cane. At one afternoon myself and colleague were enjoying ourselves in the veranda of the community shop. A beautiful girl of my age came passing by and I followed her with the intention of proposing for love. I did not notice that there were men following behind us. They stopped us and attempted to take the girl away from me. I retaliated but to no avail. They beat me up causing gross bodily injuries. When I reported this at home, my elder brothers continued where those men left chasing me out of the house. This beating was due to proposing a girl belonging to men and for retaliation to those men."

Interviewee (No. 20): "This started at home. I was occupying a room built separately from the main house. At some stage I was told my uncle who is not that much older than me will come and stay with family and he is to occupy my room. This was not debatable. This was frustrating at home. At the same time my closet friends were preparing for undergoing circumcision rite. Both these circumstances were stressing because firstly I lost my room to somebody be he is a man and secondly I was losing my friend. T o relieve this stress I

started smoking dagga and began showing no respect for my parents. When my friends came back from the bush they paid me some visits. The relationship was not the same and tension was there especially if we are joined by other men who were friends to my colleagues when they were in the bush. I once broke the rules that were applying to the entrance in one of the tavern / shebeen. No boys were allowed entrance. On this day I pretended to be a man and was allowed to join others inside this tavern. From two to three hours I went to the toilet to relieve myself. I did not notice that the tavern owner followed me. He confronted me and instructed me to produce a proof that I am a circumcised man. I tried some delaying tactics to no avail. He called other men who started kicking, punching me all over my body and I was dragged outside the tavern yard. I had a bad weekend due to this punishment. My friends started to embarrass me in front of other people.

Researcher: "What else do you think was frustrating despite the fact that you were given a date for circumcision to take place?"

Interviewee (No. 15): "One other aspect that was frustrating was that no body wanted to buy me clothes because I am a boy. They will give me older clothes that were used by my elder brothers."

Interviewee (No. 17): "During my preparations for this rite my eldest uncle who was a brother to my father wanted my father to follow a westernised culture with no sheep slaughtered as this happens in my culture. He insisted that I must consult a doctor in the hospital before circumcision. I objected to this because this was going to earn me a bad name from community at large and I will not be regarded as a man. This caused a conflict between my father and his brother over the westernised culture."

Interviewee (No. 19): "I grew up in a religious family. My parents wanted me to follow the religious instructions. This was going to replace a passing out ceremony. Everything was going to be done in the church. I strongly objected to that idea because I have never seen this happening in my family as a whole."

Researcher: "At this stage I wish to thank you for sharing with us your experiences of the pre-circumcision period."